



# Clinical Congress News

The American College of Surgeons • 80th Clinical Congress • October 9-14, 1994 • Chicago

## General Sessions

### Thursday

#### General Panel Discussion

Integration of Biotechnology into Surgical Science

8:30 am in McCormick Place East, Room E451B

Cancer, infection, critical care, and transplantation are the four areas to be explored under this topic.

#### Colloquium

A Colloquium on Ethics: An Ethics "M and M" Conference—Session II  
Case #1: Xenotransplantation  
Case #2: Patient Prioritization for Transplantation

8:30 am in McCormick Place East, Arie Crown Theatre

#### General Panel Discussion

How Molecular Biology and Molecular Genetics Affect Surgical Care  
10:30 am in McCormick Place East, Room E451B

In the last decade, it has become clear that discoveries in basic molecular biology and molecular genetics will have a profound impact on clinical medicine — particularly advances in the field of oncology that are primarily fueled by the discoveries of oncogenes and tumor suppressor genes associated with various solid organ malignancies. The discussion will describe recent discoveries in molecular biology and demonstrate their significant impact on the management of patients with malignant disease. Two common malignancies, carcinoma of the breast and carcinoma of the large bowel, were chosen for presentation. Also, the general applicability of immunotherapy not only to these tumors, but to other solid tumors, will be discussed. It is important that surgeons be involved in the understanding of the "translational research", which brings new diagnostic and therapeutic advances from the bench to the bedside.

#### Papers Session II

1:00 pm in McCormick Place East, Rooms E271A-B

Six original papers by surgical investigators will be presented during this session.

(continued on page 4)

## Alexander Walt becomes ACS President tonight

**A**lexander J. Walt, MD, FACS, of Detroit, MI, will be installed as the 75th President of the American College of Surgeons tonight during Convocation ceremonies, which conclude the College's annual Clinical Congress. A general surgeon, Dr. Walt is distinguished professor of surgery at Wayne State University.

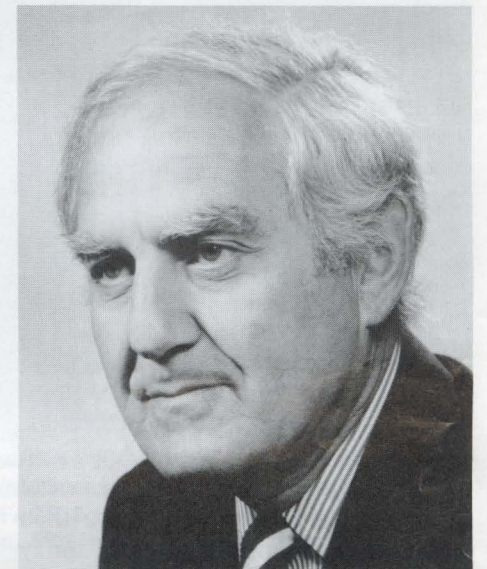
After serving in North Africa and Italy during World War II, Dr. Walt earned a medical degree from the Medical School of the University of Cape Town, Cape Town, South Africa, in 1948. He served an internship at the Groote Schuur Hospital of the University of Cape Town from 1949 to 1950 and a residency in surgery at the Mayo Foundation in Rochester, MN, from 1952 to 1956.

From 1957 to 1961, Dr. Walt served as lecturer in surgery at the University of Cape Town. In 1961, he joined the faculty of Wayne State University School of Medicine, where he subsequently served as professor and chairman of the department of surgery from 1966 to 1988, and as associate dean

from 1968 to 1970. Dr. Walt was chief of surgery at Detroit Receiving Hospital from 1965 to 1980, and he served as chief of surgery at Harper Hospital, Detroit, from 1972 to 1988. In 1989, Dr. Walt spent a sabbatical at Oxford University. He assumed his current position of distinguished professor of surgery at Wayne State University in 1990. He currently has privileges in surgery at Harper Hospital and Detroit Receiving Hospital.

Since becoming a Fellow of the College in 1963, Dr. Walt has faithfully served the College in various capacities, including Chairman of the Board of Regents from 1991 to 1993, member of the Board of Regents from 1984 to 1993, Vice-Chairman of the Board of Governors from 1979 to 1981, member of the Executive Committee of the Board of Governors from 1978 to 1981, and member of the Committee on Trauma from 1974 to 1984.

In addition, Dr. Walt has been awarded membership in 35 academic, regional, national, and international medical associations and societies, and he has held leadership positions with



Dr. Walt

many of these groups. He was president of the American Association for the Surgery of Trauma (1976-1977), the Central Surgical Association (1977-1978), the Western Surgical Association (1986-1987), and the American Board of Medical Specialties (1992-

(continued on page 2)

## Ethical issues in transplantation outlined

**I**n yesterday morning's Ethics and Philosophy Lecture, Kenneth J. Ryan, MD, spoke on the state of medical ethical issues from the 1960s to the present. Dr. Ryan is the Kate Macy Ladd Distinguished Professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School, and chairman of the ethics committee at Brigham and Women's Hospital, Boston, MA.

Dr. Ryan said that in the 1960s, essentially no medical school courses on ethics were offered, hospitals did not have ethics committees, and there was a paucity of ethics lectures at association meetings such as the Clinical Congress. Today, he continued, virtually the opposite is true: medical schools offer multiple ethics courses, most hospitals have ethics committees, and ethics lectures abound at medical conventions.

Dr. Ryan noted several reasons for

this upswing in ethics activities over the past 30 or more years. Beginning in the 1960s, he said, the media highly publicized misadventures in clinical research. Many of these events were preceded by the researcher's failure to inform, or, in some cases, his or her deliberate deception of the patient. Because of such unethical treatment of research subjects, Dr. Ryan said, the public and the medical profession began pressuring the government to form regulatory agencies and institutional review boards.

The social revolution of the 1960s also influenced medical ethics, Dr. Ryan said, since there was a "general assertion of human rights." When issues of civil rights and medical care were not clear, Dr. Ryan said, the public began turning to the medical community for information on topics such as abortion or termination of life-sus-

taining therapy.

Another factor contributing to our current interest in ethics, commented Dr. Ryan, is the obvious: technology. "Every time a new technology has come along since World War II, it seems to prompt moral dilemmas," he observed, noting the appearance of the artificial respirator many decades ago, and the arrival of assisted reproduction and genetic engineering today.

"Today," Dr. Ryan said, "there is a new social order...saving and maintaining life is no longer supreme when that life is tied to a machine." He reminded the audience that the old model of the physician who treats patients with patriarchal beneficence has been tempered with the public's need for patient autonomy and respect. Although, he added, it is still the physician's duty to safeguard the patient, the physician

(continued on page 5)

# Surgeons must play meaningful role in cancer management

**O**n Wednesday morning Gerald P. Murphy, MD, FACS, delivered the seventh Commission on Cancer Oncology Lectureship. Dr. Murphy, who is director of the Pacific Northwest Research Foundation and clinical professor of urology at the University of Washington, Seattle, spoke on the role of surgeons in today's cancer management.

Dr. Murphy noted that in 1913, the same year of the formation of the American College of Surgeons, an almost identical group of physicians founded what is known today as the American Cancer Society. He noted that surgeons instituted tumor registries and undertook case reviews of cancer sites as early as the 1920s. Dr. Murphy then reviewed the history of the Commission on Cancer (COC) and especially the cooperative efforts of the College and the American Cancer Society.

Dr. Murphy stated that although advances in prevention and treatment have been remarkable, cancer still has a profound effect on the American people: Cancer will strike three out of four families in the U.S.; more than eight million Americans alive today

have a history of cancer; approximately 83 million Americans now living will have cancer; and of every five deaths in the U.S., one is from cancer.

The role of surgeons in today's cancer care, Dr. Murphy believes, lies in the multidisciplinary organizations of the Commission on Cancer to help in voluntary efforts to set the standards of care and assist in documenting and improving cancer outcomes at a local level.

According to Dr. Murphy, the COC sets the voluntary standards for cancer care in this country. It has surveyed and approved the cancer programs of 1,350 hospitals that provide 80 percent of all cancer patient care in the U.S. and Puerto Rico; it continually updates its cancer program approval process, ensuring that approved institutions have the skills, knowledge, and technology necessary for them to deliver the best possible care; it encourages a comprehensive approach to fighting cancer, including prevention, treatment, rehabilitation, and lifetime follow-up; and COC approval demonstrates that an institution is willing to commit the resources necessary to provide the very best cancer care.

Dr. Murphy described the genesis of

the National Cancer Data Base and reported that the most recent report for the years 1985 to 1990 presents data on 685,000 cancer patients nationwide. "Future plans call for the database to include more than 1,500 participating institutions, allowing over 80 percent of all current cancer patients to be included," Dr. Murphy said.

According to Dr. Murphy, the future role of surgeons in cancer care involves "continuing to work within the COC at a local and national level with other cancer organizations in a multidisciplinary care effort." It is also important for surgeons to work with governmental agencies such as the Centers for Disease Control and Prevention and the National Cancer Institute, he said.

Regarding the current debate over health care reform, Dr. Murphy be-

moaned the promotion of primary care physicians and the gatekeeper concept. "There are no guidelines and when left to the bottom line experts, one cannot expect a single primary care physician to be the expert equal to all the cancer specialists," Dr. Murphy said, continuing, "The gatekeeper concept in practice by some eliminates the surgeon and other specialties who ensure that the evaluation of patients suspected of having cancer will be adequate—all change is not for the better."

"These current issues can only be resolved by the participation of surgeons in a meaningful way. Today's problems can be tomorrow's success if addressed directly—surgeons must play a meaningful role in this process," Dr. Murphy concluded.

## Official College ties and Fellowship jewelry

Official ACS ties and jewelry are available from Jim Henry, Inc., located in Booth 910 in the technical exhibit area.

## ACS PRESIDENT, from page 1

1994); vice-president of the American Surgical Association (1990) and the Society for Surgery of the Alimentary Tract (1992-1993); and vice-chairman of the American Board of Surgery (1983-1985).

Throughout his distinguished career, Dr. Walt has held visiting professorships and lectureships at nearly 50 medical institutions in the United States and abroad. Dr. Walt was the Hunterian Professor (1969) and Moynihan Lecturer (1988) of the Royal College of Surgeons of England, the Scudder Orator

of the American College of Surgeons (1978), and the Balfour Lecturer of the Mayo Clinic in 1985. He has also been awarded honorary fellowships from the Royal College of Surgeons of Edinburgh and the College of Surgeons of South Africa, and he is a fellow by examination of the Royal College of Surgeons of England and the Royal College of Surgeons of Canada. Dr. Walt has served on the editorial boards of several medical journals including *Archives of Surgery* and *The Journal of Trauma*, in addition to authoring and coauthoring

more than 165 scientific and medical publications.

Dr. Walt and his wife Irene have three children: John, Steven, and Lindsay.

Other officials to be installed tonight are William W. Kridelbaugh, MD, FACS, Albuquerque, NM, as First Vice-President, and Richard J. Field, Jr., MD, FACS, Centreville, MS, as Second Vice-President.

Dr. Kridelbaugh is medical director of surgical services at Presbyterian Health Services, Albuquerque, NM. He

has been a Regent of the College from 1984 to 1993, and has served on the ACS Regental Committee on Professional Liability and the advisory council, American Board of Colon and Rectal Surgery.

Dr. Field is chief of surgery, Field Memorial Hospital and director, Field Clinic, Centreville, MS. He was a Regent of the College from 1984 to 1993, and is a past-president of the Southeastern Surgical Congress.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

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## Clinical Congress News

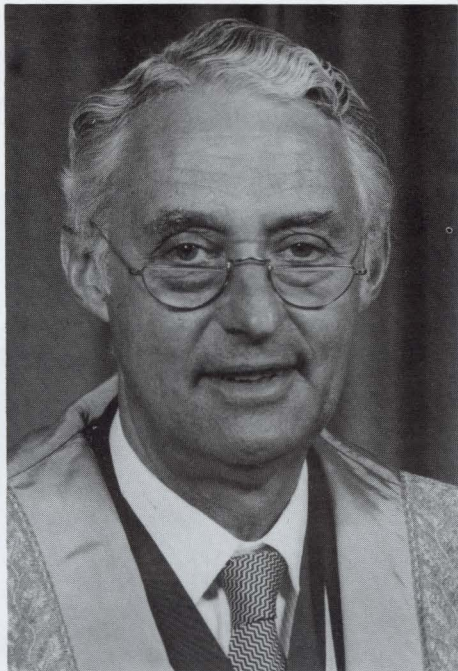
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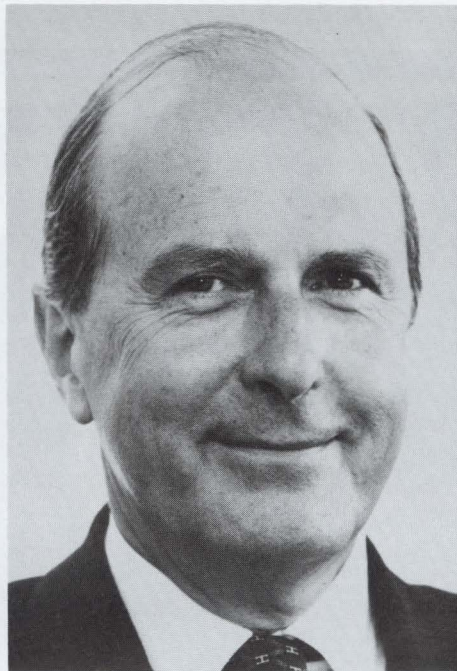
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Dr. Wong



Prof. Chisholm



Dr. Borst



Prof. Symon

## ACS awards four Honorary Fellowships

**H**onorary Fellowship in the American College of Surgeons will be awarded tonight to four prominent surgeons from England, Germany, Scotland, and Hong Kong. The awards will be presented during the Convocation ceremonies that conclude the Clinical Congress. The recipients will be:

John Wong, BSc(Med), MBBS, PhD, FRACS, Hong Kong. Dr. Wong is professor of surgery at the University of Hong Kong, and honorary consultant surgeon and chief of service, department of surgery, Queen Mary Hospital, Hong Kong.

Geoffrey Duncan Chisholm, CBE, MB, ChB, ChM, FRCS(Edin),

FRCS(Eng), FRACS(Hon), Edinburgh, Scotland. Mr. Chisholm is professor of surgery at the University of Edinburgh; consultant urologist, Western General Hospital, Edinburgh; and director, Nuffield Transplant Unit, Edinburgh. Unfortunately, he will not be in attendance this evening.

Hans Georg Borst, MD, Hannover, Germany. Dr. Borst is professor at Hannover Medical School and head of the division of thoracic and cardiovascular surgery, department of surgery, Hannover Medical School, Hannover.

Lindsay Symon, TD, MB, ChB, FRCS(Eng), FRCS(Edin), London, England. Mr. Symon is professor of neurological surgery at the Institute of

Neurology; head of the department, National Hospital, London; and senior neurological surgeon, National Hospital for Nervous Diseases, London.

Presenting the Honorary Fellowships on behalf of the College will be: Samuel A. Wells, MD, FACS, St. Louis, MO; Edward L. Seljeskog, MD, FACS, Rapid City, SD; and Paul C. Peters, MD, FACS, Dallas, TX, members of the College's Board of Regents; and John A. Waldhausen, MD, FACS, of Hershey, PA, chairman of the Advisory Council for Cardiothoracic Surgery.

The awarding of Honorary Fellowships during the Convocation is one of the highlights of the Clinical Congress. Fellowship is awarded to surgeons

whose education and training, professional qualifications, surgical competence, and ethical conduct have passed a rigorous evaluation and have been found to be consistent with the high standards established and demanded by the College. During the College's Convocation ceremonies this year, 1,581 surgeons from around the world will be admitted into Fellowship. With a membership of more than 53,000, the ACS is the largest organization of surgeons in the world.

Sir Rickman Godlee, president of the Royal College of Surgeons, was awarded the first Honorary Fellowship in the College during the College's first Convocation in 1913.



Murray F. Brennan (left), Chairman of the Committee for the Forum on Fundamental Surgical Problems, presents a bound copy of the Owen H. Wangenstein Surgical Forum Volume XLV to John A. Mannick, Boston, MA, to whom this year's volume is dedicated.

### Congress Chronicle

#### "Steadfast and unselfish devotion"

**A**t the Convocation on October 8, 1964, during the 50th Clinical Congress in Chicago, James T. Priestley, in his first official act as 45th President of the College, told the 1,160 assembled Initiates that "one of the prices that you must pay for gaining fellowship in the American College of Surgeons is listening to a presidential address. Happily for you, this is your last requirement for admission to Fellowship."

Dr. Priestley told the Initiates they had attained membership in a college of surgeons dedicated to one objective — improving the care of the surgical patient in every possible way. "Science is not everything in caring for the sick," he said. "Human interest, understanding, and compassion are still important words in our profession. Equally important are the desire and ability to lighten the load of the afflicted and instill hope where there has been despair," Dr. Priestley stated.

"Opportunities of today become responsibilities of tomorrow. Yours is the torch. Steadfast and unselfish devotion to the surgical patient and betterment of his care will permit you to carry the torch high and will make its light bright," Dr. Priestley concluded.

### Correction

In Wednesday's page 1 story on "Managed Health Care: A Surgeon's Perspective," speaker Dr. Charles L. Rice was incorrectly identified as chief of general surgery at the University of Illinois Medical School, Chicago. Dr. Rice is director of residency and general surgery at the medical school; Eric B. Rypins, MD, FACS, is chief of general surgery.



On Tuesday, ACS officials were hosts to prior recipients of the Distinguished Service Award. From left to right (top row) are: S. Stuart Mally; Edwin W. Gerrish; Vallee L. Willman; Barry M. Manuel; C. Thomas Thompson; Hugh H. Trout III, Vice-Chairman, Board of Governors; (bottom row) Richard J. Finley, Chairman, Board of Governors; Luis F. Sala; George W. Stephenson; Frank Padberg; Alexander J. Walt, President-Elect; David G. Murray, Chairman, Board of Regents; Seymour I. Schwartz; and Ronald C. Jones, Secretary, Board of Governors.

## GENERAL SESSIONS, from page 1

### Panel Discussion

The Challenge of Aging within the Profession

1:30 pm in McCormick Place East, Arie Crown Theatre

Physiological and psychological aspects of aging, with a review of the results of neuropsychological testing in a large group of physicians, will be discussed. In addition, the results of a survey of attitudes of American Surgical Association members toward retirement will be presented and suggestions made for improved understanding and acceptance of the consequences of aging by surgeons. The value of continued involvement of senior surgeons in both undergraduate and graduate medical education will be evaluated, and the perspective of a financial advisor on some of the material consequences of retirement and the value of appropriate planning will be presented. It is expected there will be extensive discussion with the audience in between the panelists' presentations.

### General Panel Discussion

Surgery in America: Modest Beginning to World Leadership

1:30 pm in McCormick Place East, Room E353

This symposium will examine the European influence on medical practice and education in colonial Revolutionary America. The great universities in Europe influenced the education of medical students. The greatest influence came from the University of Edinburgh, which was participatory in the Edinburgh Enlightenment of that period and from which most of the founders of the University of Pennsylvania (the nation's first medical school) received their education.

The symposium will also address the post-Revolutionary War period through the 19th century, a somewhat chaotic period that saw the introduction of scientific surgery and, through the vehicle of the Civil War, the organization of military medicine along the lines of, and then refinements of, European experiences. The period also saw the ini-

tiation of medical licensure, the founding of many surgical organizations including the American Medical Association and the American Surgical Association. The 19th century saw the introduction of germ theory, advanced operative procedures, and more organized undergraduate medical education.

Studying the 20th century up until World War II will encompass the birth of the American College of Surgeons, the evolution of board certification in the surgical fields and specialties. The Flexner Report in 1910 resulted in the closing of many marginal medical

schools and the improvement of others. The Great Depression, the stimulus of the two world wars, and the triumph of post-World War II expansion in medicine will also be discussed.

The post-World War II period has seen the growth of the National Institutes of Health, the evolution into more centralized federal financing through Medicare and other reforms, the growth in anesthesia, cardiopulmonary bypass, and, of course, organ transplantation. These advances leading to the present day in American medicine will be reviewed.

## Registration totals

As of Wednesday afternoon, total registration for the Clinical Congress was 16,063. Of that number, 8,759 were physicians and 7,304 were exhibitors, guests, spouses, or convention personnel.

## 21st century surgeons should speed down information superhighway

**"M**edicine is dead, long live Medicine," was the paraphrased call of Col. Richard M. Satava, MD, FACS, one of the speakers at Wednesday's panel on "Computers in Surgery." With astonishing advances in information retrieval and virtual reality, the panel concurred that today's and tomorrow's surgeons will experience their daily business, research, and operating in a vastly different manner.

Reassuring the audience of surgeons' adaptability to computer-based workstyles, panel moderator David A. Krusch, MD, FACS, of Rochester, NY, said that "the complexities of the present will almost certainly be the simplicities of the very near future." He said that a surgeon today, while seated at his or her office desk, can check the OR schedule, do follow-up on previous patients, chart trends in his patients' progress, check with the pathology department, and perform literature searches.

Valerie Florance, MA, director of the Edward G. Miner Library of the University of Rochester (NY) School of Medicine and Dentistry, walked the audience through her university's virtual library. She said the virtual library, since it doesn't exist in actual space, has the potential to be the "ubiquitous library"—available to anybody, anywhere. In a virtual library, she said, there are no geographic limits and no time constraints.

Through electronic texts and clinical databases, she continued, a surgeon could quickly and inexpensively research the question "What's the latest on surgical management of pancreatitis?" by scrolling through Medline, pulling up an article, and having it delivered electronically. The same surgeon could even find answers to detailed questions, such as, "Who is receiving research grants for pancreatitis surgery in Chicago?" (Information for this question would be retrieved from the NIH database.)

The only tools necessary to utilize a virtual library, she said, are a personal

computer, modem, network capability, an Internet and MEDLINE access account, a few guidebooks, and an adventurous spirit.

Robert Flaherty, MD, director and developer of The Virtual Medical Center of the Montana Area Health Education Center, Bozeman, and member of the Montana Governor's Task Force on Biomedical Information, described the genesis of the virtual medical center in his rural state.

The wide geographical spaces in Montana, said Dr. Flaherty, can create professional isolation for physicians. In fact, he continued, the state only has five medical librarians. To help ease the isolation and share information, physicians began using computer bulletin boards (accessible via phone lines) to communicate about upcoming continuing education meetings.

This on-line communication was expanded to create a "university medical center metaphor," he said. The virtual medical center, which "exists" in a computer, is a rich environment for sharing information through e-mail, file transfers, and on-line databases. Dr. Flaherty listed some of the clinical support activities available through the virtual medical center: library service, drug information, clinical consultation, and continuing education classes (to be downloaded at the attendee's convenience).

Future projects in Montana, he said, are expanded consultation networks, on-line clinical support programs, and possibly wireless hand-held computing and SmartCard technology.

Bringing the ultimate abstract to the concrete was the final presenter, Col. Richard M. Satava, Jr., MD, FACS, special assistant to the Director on Biomedical Technology for the Defense Department Advanced Research Projects Agency.

Pointing the way to a new method of operating, Dr. Satava said that the "Nintendo surgeons" are most able to adapt to virtual reality and telepresence surgery. Nintendo sur-

geons, he said, are those younger surgeons who by the age of 11 have used video technology (video games) to such an extent that they acquire an innate haptic ability to dexterously manipulate objects in a virtual world.

The virtual world is three-dimensional and simulated. Simulated environments, Col. Satava said, began in a flight-simulator carnival ride in 1939. This "ride" was adapted to B-2 bombers for simulated flight training. Although pilots first scoffed at the efficacy of this training, Col. Satava said, mortality from landing crashes in inclement weather dropped 95 percent.

Today's simulators, he continued, are in the form of telepresence surgery, which has the capability of providing accurate tactile (open-surgery) sensation in a closed surgery environment.

At Walter Reed Army Medical Center, Col. Satava has been instrumental in the development of the Advanced Research Project Agency (ARPA), the virtual reality and telepresence accomplishments of which are remarkable, he said.

Col. Satava said that the military now has the capability to equip every sol-

dier with a "Dick Tracy-like" watch, called a personal status monitor, that in the case of an accident relays location and vital medical information to a central unit headquarters. The soldier is then located and placed in a "trauma pod," which Col. Satava described as an ICU built into a stretcher. For this same wounded soldier, if necessary, damage control surgery can be done in a M.A.S.H. truck. A surgeon at the central unit could, via telepresence surgery, operate on the wounded soldier, possibly miles away. The surgeon, said Dr. Satava, would operate in a virtual monitor of the wounded area, while his movements were matched by robotic arms in the M.A.S.H. truck, as an on-site medical aid assistant.

Closed, or telepresence, surgery could enable surgeons in the OR to operate on a patient without touching him or her, while seated at a console with their back to the patient, and attached to the patient only by fiberoptic wires. For those who find this daunting, Col. Satava reminded and assured them that telepresence surgery is part of an evolution in patient care that "enhances the power of the physician above and beyond his or her own physical limitations."

## CORE to examine OR efficiency

**T**he ACS Committee on Operating Room Environment (CORE) will host Symposium IX May 8-9, 1995, at the Westin Galleria in Dallas, TX, for operating room team members—surgeons, perioperative nurses, and anesthesiologists. Attendance will be limited to 250 participants.

The conference will feature nationally recognized experts who will address the following topics in three panel presentations and a keynote address: OR Efficiency, Safety in the OR, Inventory Control, and Difficult Behav-

iors in the OR.

Following several of the panel presentations, participants will break into groups to discuss and evaluate efficiency and safety strategies. This teaching format—which combines didactic and problem-based learning—is a successful strategy for OR team members to identify problems and solutions they encounter in their institutions.

To obtain a registration form or for more information, contact Rhonda Peebles or Julie Warner at ACS headquarters, 312/664-4050, ext. 361 or 250.

## ETHICAL ISSUES, from page 1

must always assist the patient in making his or her own informed choices.

Ethics in transplant surgery, he continued, have followed a similar evolutionary path as ethics in other areas of medicine. Although research on cardiac transplantation began back in 1905, he said, it wasn't until the first successful heart transplant in 1967 that a surge of public interest occurred. In fact, Dr. Ryan said, the success brought by this transplant operation elicited a rush of transplants at many centers by

physicians not fully aware of the difficulties involved—thus explaining Dr. Norman Shumway's article "1979—Is Cardiac Surgery Justified?" Today, Dr. Ryan said, transplantation is limited to a number of institutions fully equipped for the procedure.

In concluding, Dr. Ryan said that three major issues propel ethics discussions today:

1. There are not enough organs. "This disparity of supply and demand has occasioned soul-searching for al-

ternatives," said Dr. Ryan. Some of these alternatives, he said, are as extreme as requesting a governmental mandate to donate organs with or without permission, or hospitals offering nonmonetary compensation to families of donors.

2. Who should receive the organ? Dr. Ryan said that debate continues over such "patient worthiness" questions as, "Is an alcoholic as entitled to a liver transplant as someone suffering liver disease who is not an alcoholic?"

"Is a smoker as entitled to a lung transplant as a nonsmoker?"

3. Should transplantation be part of basic insurance coverage?

In addressing the issue of insurance coverage for transplantation, Dr. Ryan hopes that "if attempts are made to control health care costs, universal coverage that includes transplantation might be feasible." Finally, he encouraged surgeons to participate in ethical debates on behalf of their patients, because "as physicians, we owe the public no less."

## Allied Meetings

*Please note: A number of medical school and alumni associations and surgical societies will have information booths, usually open the day of the event, in an area adjacent to the registration area in McCormick Place.*

### Thursday

#### Morning

##### ASCRS Standards Task Force

7:30 am - 8:30 am. Meeting.  
Hilton & Towers, 5th floor,  
Room 5H.

##### American Society of Colon & Rectal Surgeons, Exhibitors' Advisory Committee

7:30 am - 9:30 am. Breakfast meeting.  
Hilton & Towers, 5th floor,  
Room 5H.

#### Afternoon

##### American Society of Colon & Rectal Surgeons, Research Committee of the Research Foundation

2:00 pm - 4:00 pm. Meeting.  
Hilton & Towers, 3rd floor,  
PDR #5.

##### American Society of Colon & Rectal Surgeons, Editorial Board

4:00 pm - 6:00 pm. Meeting.  
Hilton & Towers, 3rd floor,  
PDR #3.

#### Evening

##### Society of University Urologists

5:00 pm - 7:30 pm. Reception.  
Hilton & Towers, 3rd floor, PDR #1.

##### American College of Surgeons, West Virginia Chapter/West Virginia University/Marshall University

7:00 pm - 9:00 pm. Reception.  
Hilton & Towers, 3rd floor,  
Williford Room A.

### Friday

#### Morning

##### Society of University Urologists

7:30 am - 11:45 am. Breakfast meeting.  
Hilton & Towers, 3rd floor,  
PDR #1.



The ACS Resource Center in the Registration area provides surgeons with information about a myriad of College programs.



Judge William H. Bristol, JD, Rochester, NY, presides over Tuesday's mock trial portion of Postgraduate Course #19—Professional Liability and Risk Management in a Changing Health Care Environment.



On Tuesday, the 1994 International Guest Scholars received certificates at a luncheon that honored both current and past participants. From left to right are: Marion Rapp, ACS International Liaison Department, Chicago, IL; Robert Patrick Jalleh, FRCSI, FRCS(Edin & Glas), Kuala Lumpur, Malaysia; Federico Javier Juarez, MD, Torreon, Coahuila, Mexico; Manuel Raul Montesinos, MD, Buenos Aires, Argentina; Kerstin Sandelin, MD, PhD, Stockholm, Sweden; Gonzalo Ostria Pacheco, MC, FACS, Santa Cruz, Bolivia; Mphako Charles Modiba, MB, ChB, Medunsa, South Africa; Antonio Jose Torres, MD, PhD, Madrid, Spain; Blake Cady, MD, FACS, Boston, MA, Chairman, ACS International Relations Committee.

## Trauma and Critical Care — 1995

**T**he Western States Committees on Trauma will sponsor its 27th continuing medical education course called Trauma and Critical Care—1995 March 27-29, at Caesars Palace, Las Vegas, NV.

Kenneth L. Mattox, MD, FACS, is program director. The program committee consists of Henry C. Cleveland, MD, FACS; Gregory J. Jurkovich, MD, FACS; David B. Hoyt, MD, FACS; and Donald D. Trunkey, MD, FACS.

This course is designed to enhance the knowledge and skills of surgeons, physicians, and nurses who are confronted with the seriously injured patient in rural, urban, and suburban hospitals. Emphasis will be placed on

current standards and practice patterns for evaluation, diagnosis, and management of trauma.

Trauma and Critical Care—1995 includes the following sessions: Prehospital/Emergency Center—Standards and Practice Patterns; Emergency Center—Standards and Practice Patterns; Annual Trauma Review; Operating Room/ICU—Standards and Practice Patterns; Case Management Sessions; Annual Trauma Debate—Standards of Practice in Deep Venous Thrombosis Prophylaxis; Complex Injuries—Standards and Practice Patterns; Annual Trauma Lecture—Trauma: The Next Five Years; Critical Care—Standards and Practice Patterns;

Operative Standards and Practice Patterns for Trauma; and Emerging Issues—Standards and Practice Patterns.

Faculty include: Yoram Ben-Menachem, MD, Newark, NJ; H. Scott Bjerke, MD, Las Vegas, NV; Henry C. Cleveland, MD, FACS, Denver, CO; Ronald P. Fischer, MD, FACS, Houston, TX; David B. Hoyt, MD, FACS, San Diego, CA; Gregory J. Jurkovich, MD, FACS, Seattle, WA; M. Margaret Knudson, MD, FACS, San Francisco, CA; Robert C. Mackerzie, MD, FACS, San Francisco, CA; Kenneth L. Mattox, MD, FACS, Houston, TX; Kimball I. Maull, MD, FACS, Chicago, IL; Norman E. McSwain, Jr., MD, FACS, New Orleans, LA; Frank L. Mitchell,

Jr., MD, FACS, Columbia, MO; Steven N. Parks, MD, FACS, Fresno, CA; Lawrence H. Pitts, San Francisco, CA; G. Tom Shires, MD, FACS, Lubbock, TX; Donald D. Trunkey, MD, FACS, Portland, OR; and Matthew J. Wall, MD, Houston, TX.

The registration fees are \$485 for physicians and \$300 for nurses and residents before March 1, 1995. Registration after March 1 is \$540 for physicians and \$355 for nurses and residents. Advance registration is recommended since registration is limited. To request an application or for more information, write to: ACS Trauma Dept., 55 E. Erie St., Chicago, IL 60611; or call 312/664-4050, ext. 342.

## Trauma meeting in Philadelphia

The Eastern States Committees on Trauma of the American College of Surgeons will sponsor a meeting entitled, "Trauma and Critical Care '95 — Point/Counterpoint XIV," June 12-14, at the Hotel Atop the Bellevue, Philadelphia, PA.

The Scientific Program Committee includes: Kimball I. Maull, MD, FACS, Chicago, IL, Chairman; Lenworth M. Jacobs, MD, FACS, Hartford, CT; Walter F. Pizzi, MD, FACS, New York;

Richard M. Bell, MD, FACS, Columbia, SC; Frank B. Miller, MD, FACS, Louisville; Michael Rhodes, Allentown, PA; and Charles F. Wolferth, MD, FACS, Philadelphia, PA.

Topics include Critical Decisions in the Critical Care Unit, Societal Issues Effecting Trauma Care Delivery, What's New in Prehospital Care, Trauma Management Related to Penetrating Injury, Managed Care Update, Complications in the Critically Injured

Patient, Difficult Case Management Studies, and Point/Counterpoint Panel — Diagnosis on Abdominal Trauma.

Those wishing further information on

this program should contact: Carol Williams, Trauma Dept., ACS, 55 East Erie Street, Chicago, IL 60611, 312/664-4050, ext 342.

### No Smoking

**McCormick Place is a nonsmoking building; therefore, the College requests that you refrain from smoking on the premises.**



ACS Past Presidents gathered for a group portrait before their luncheon on Tuesday. Top row, left to right: Ralph A. Straffon, Cleveland, OH; C. Rollins Hanlon, Chicago, IL; Henry T. Bahnson, Pittsburgh, PA; M. J. Jurkiewicz, Atlanta, GA; Jonathan E. Rhoads, Philadelphia, PA; G. Thomas Shires, Lubbock, TX; bottom row, left to right: William H. Muller, Jr., Charlottesville, VA; William P. Longmire, Jr., Los Angeles, CA; H. William Scott, Jr., Nashville, TN; Claude E. Welch, Boston, MA; James D. Hardy, Jackson, MS; Frank C. Spencer, New York, NY; David C. Sabiston, Jr., Durham, NC; and Oliver H. Beahrs, Rochester, MN.

## ACS and NLM arrange database access

**F**ellows of the College can now enjoy virtually unlimited on-line access to the National Library of Medicine's (NLM) databases—including MEDLINE—for a flat fee of \$200 per year. (Canadian Fellows will have to pay an additional charge for telecommunications costs.) Normally, NLM charges fees that average \$18 per hour, and the NLM estimates that the average cost of a Grateful Med search is \$1.25.

This special arrangement for ACS Fellows is the result of a recent agreement between the College and NLM to undertake this experimental pilot project.

For the \$200 fee, members obtain:

- One year of access to world-renowned database that contains over seven million references to medical journal articles from 1966 to the present.
- Access to NLM's 40-plus other databases, which cover topics such as cancer protocol (PDQ), AIDS (AIDS-LINE), and toxicology (TOXLINE).
- A copy of Grateful Med software for IBM-compatible or Macintosh PCs.
- NLM's bimonthly publication, Gratefully Yours.
- Technical support via a toll-free number.
- Access to training and assistance

from the NLM's 3,500-member National Network of Libraries of Medicine.

In addition, NLM's "Lonesome Doc" program will link users with a hospital or other medical library so that they can obtain printed copies of entire articles (libraries may charge a fee for this service, which would not be covered by the \$200 fee).

*The American College of Surgeons and*

*the National Library of Medicine emphasize that this arrangement is designed solely for individual use and is not meant to be shared with multiple users.*

New members will be sent a user ID, code/password, documentation, and customer service telephone numbers. This packet of information will be mailed within five working days as applications are received.

The National Technical Information Service will send the Grateful Med software to members within 10 working days after the application is received.

To obtain a copy of a brochure that outlines the program and includes an application form, stop by NLM's booth #2507 in the technical exhibit area, or the Communications Department's exhibit in the ACS Resource Center.



The SESAP (Surgical Education and Self-Assessment Program) booth in the Registration area of McCormick Place offers surgeons hands-on demonstration of the program.